



Continuing Health Service Delivery

This section provides a schedule of dental visits for young children as recommended by the AAPD and describes how the DHI, a partnership between OHS and AAPD, is a critical link to meeting the dental health screenings for Head Start children.

It discusses the roles of the health manager and nutrition manager in identifying the nutritional needs of Head Start children and providing family-style dining during meal service.

This section also includes information that can be used to train program staff in complying with health and safety standards.

Continuing Health Service Delivery

Oral Health Care



Head Start Program Performance Standard 1304.20 (c)

Extended follow-up and treatment.

(3) Dental follow-up and treatment must include:

- (i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay;*
- (ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.*

(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.



Why is Oral Health Care Important?

Oral health care is important for all of us, especially children. Oral health is an essential component of a child's health, speech, and overall wellness. Poor oral health can cause chronic pain and impact a child's behavior in the classroom due to low concentration and difficulty in eating or speaking.

Some parents do not think baby teeth are important. As a health manager you know that healthy baby teeth are necessary for strong, straight teeth later in life and to prevent against [dental caries](#) or tooth decay. The [AAPD](#) recommends a dental check-up at least twice a year for most children. The AAPD recommends that children begin receiving periodic dental examinations and preventive services at the eruption of the first tooth, but no later than their first birthday. Regular dental visits help children, parents, and dental providers keep children's teeth healthy and strong. It also allows the

provider to notice early signs of dental decay. Some children with high risk of dental decay may need more frequent visits.

Parents may not understand the value of good oral health for young children. In your role, you can inform parents on the importance of preventive dental care and follow-up treatment of identified oral health issues. Incorporating effective and tailored oral health teaching into the daily lesson plans can be a shared task between you and the education specialist.

Definition of Dental Home

The AAPD derives its definition of a dental home from the AAP definition of a medical home. A dental home is described above “comprehensive, continuously accessible, family-centered, coordinated, compassionate, and culturally-effective.” ⁴

A dental home for infants and young children should provide: ⁵

- Comprehensive oral health, including acute care and preventive services in accordance with AAPD periodicity schedules
- Comprehensive assessment for oral diseases and conditions
- Individualized preventive dental health program based on caries and periodontal disease risk assessments
- Anticipatory guidance about growth and development issues (i.e., teething, pacifier habits)
- Plan for acute dental trauma
- Information about proper care of the child’s teeth and gums
- Dietary counseling
- Referrals to dental specialists when care cannot be provided within the dental home
- Education regarding future referral to a dentist knowledgeable and comfortable with general oral health issues

A dental home may be a pediatric dentist’s office, a general dentist’s office familiar with working with young children, or a mobile dental van that provides onsite screening, fluoride varnish applications, as well as oral health treatment.

What Does a Dental Visit Include?

The CMS Web site contains the [AAPD dental periodicity schedule](#) and recommendations for preventive pediatric dental care. The schedule outlines

⁴ www.aapd.org

⁵ Ibid.

what should take place in a child's dental visit. A pediatric dentist or general dentist should:

- Review the child's medical and dental history
- Examine the child's teeth, gums, oral tissues, and jaws
- Provide teeth cleaning and polishing to remove debris
- Provide fluoride treatments that prevent cavities by renewing the fluoride content in the teeth's enamel
- Provide anticipatory guidance (health education and counseling) on proper tooth brushing, flossing, and nutrition

Preparing a Child for a Dental Visit

Head Start staff that work closely with families can help children and their families prepare for the dental visit.



[A Partnership for Healthy Children: Children and Dental Care](#) provides tips for staff and parents on how to make the child more comfortable when visiting the dentist. As the health manager, you can work with teaching staff to incorporate lessons on visiting the dentist. Children can role play what the dental visit will include and model for each other what will happen at the dentist's office.



Recruiting and Identifying Dental Care Providers

It is often difficult to recruit providers that accept Medicaid. In oral health, it is also a challenge to find dentists who are knowledgeable and comfortable with examining young children. HSAC members are the first line of support to help recruit providers. Local health care providers are more familiar with the community and can use their existing contacts to create awareness about Head Start's need for health care providers, especially those that accept Medicaid. Some Head Start programs have partnered with local dental schools to successfully recruit dental students to provide onsite services. Other oral health partners may include the:

- [American Dental Hygienist Association](#)
- [Association of State and Territorial Dental Directors \(ASTDD\)](#)

The American Dental Association also provides a [dentist locator](#) that lists practicing pediatric dentists and general dentists in your community.

Dental Home Initiative

AAPD is working to raise awareness among the Head Start and dental communities, through the [DHI](#), to begin as early as possible to prevent against dental disease, especially in high-risk populations. This partnership between the OHS and the AAPD seeks to create awareness regarding the need of dental services for Head Start children at the national, Regional, and local levels. The DHI will develop a network of dentists and TA providers to increase access to a dental home for all Head Start children. The partnership will provide parents and Head Start staff the latest information on how to prevent tooth decay and establish a foundation for a lifetime of oral health.

Each Region is assigned an oral health consultant to assist state leadership teams in developing a state network. These networks will consist of local dentists, Head Start staff, and community leaders that help to identify strategies in overcoming the barriers that Head Start children face in accessing dental homes. For TA through this initiative you can contact your [state leader and Regional oral health consultant](#).

Promising Program Practices

Many Head Start grantees have developed approaches to help programs provide oral health screenings and fluoride varnish applications to children. Through a 2006 Oral Health Initiative (OHI) Grant, 52 Head Start and EHS grantees received funds to expand access to oral health care, build community partnerships, and promote oral health education. Some of the strategies OHI grantees found successful include:

- **Adopt-a-Head Start Center programs**, with dental offices committed to providing oral health screenings, education, and appointment time for Head Start children
- **Provide Head Start informational sessions** for Medicaid clinics, dental offices, and health department staff
- **Produce quarterly oral health newsletter** for staff, parents, and the community
- **Develop take-home oral health activity kits** for families
- **Promote parent-to-parent peer mentors** to provide oral health training during parent education classes and Policy Council sessions
- **Promote children as role models** for other children who may be apprehensive
- **Create local public service announcements** on the need for dental providers to serve Head Start children
- **Establish personal relationships with local dentists** to recruit more dentists to serve Head Start children

- **Hire dental hygienists** to provide oral health education, screenings, apply fluoride varnish
- **Build upon existing community resources** to develop, strengthen community partnerships
- **Build upon existing local and state oral health efforts** to maximize resources and to coordinate efforts
- **Analyze PIR data** to assess success of program's efforts
- **Create a focus on oral health of pregnant women**
- **Recruit dentists to serve on the Health Services Advisory Committee**
- **Utilize a full service dental van** funded by local community
- **Conduct parent surveys** to assess attitudes towards oral health
- **Develop strategies to support parents** in addressing their fear of the dentist

Head Start programs differ from community-to-community. With the help of the HSAC you can decide what strategies will work best for your program based on the population you serve and the resources available.

Your Role as the Health Coordinator

As the health coordinator, you can assist children in achieving good oral health by:

- Maintaining a dental health roster listing:
 - Providers' contact information
 - Services provided to young children and pregnant women
 - Type of insurance accepted
 - Office hours
- Recruiting community providers to conduct on-site oral health screenings and fluoride varnish applications and provide follow-up treatment and care
- Assisting parents in scheduling dental appointments
- Accompanying parents and children to dental visits
- Providing translation services for families while at the dentist
- Educating parents and staff on the importance of good oral health
- Becoming involved in state oral health coalitions

The Role of the Parents

Parents can ensure their child maintains good oral health by:

- Establishing a dental home for themselves and their children

- Developing goals to arrive on time for dental appointments, follow-up with dental treatment, model daily tooth brushing, and incorporate nutritious foods at home
- Reviewing the importance of good nutrition and regular tooth brushing
- Scheduling and attending regular dental visits
- Following up with preventive care and treatment as indicated by the dentist
- Asking questions if information is not understood

The Role of the Family Service Workers and other Staff

Head Start staff assist can ensure children practice good oral health by:

- Modeling proper oral health practices
- Including oral health messages during classroom activities around tooth brushing and nutrition
- Including oral health as a priority in the Family Partnership Agreement
- Including activities and information for parents on how to prepare children for the dentist
- Identifying family concerns or fears about the dentist
- Providing parents support on how to help make dental visits fun for their child

The Role of the Health Services Advisory Committee

The HSAC can support the health coordinator and Head Start program to promote oral health by:

- Developing training and policies that promote good oral health
- Recruiting dental providers to serve Head Start children
- Identify organizations to donate oral health supplies for all children

Additional Online Resources

[The Importance of Oral Health](#) Webcast, aired on February 26, 2009, featured a roundtable discussion on oral health services in Head Start. The Webcast provides a foundation for health managers and other Head Start staff on oral health.

The ECLKC [Oral Health](#) page features oral health resources you can use to inform families and staff on the importance of oral health care. The Web site includes:

- [Embracing Our Future – Matthew’s Story](#) illustrating the importance of accurately identifying dental health concerns.
- Oral health education training materials from the University of Washington, Pacific Island Early Childhood Caries Prevention IIP. These materials were developed for the Islands of Micronesia; however, they may be a useful addition to your oral health training materials.

The [National Maternal and Child Oral Health Resource Center](#) provides resources you can use to build an oral health curriculum. The Web site provides a useful matrix [comparison of oral health curricula](#) that meet the HSPPS. The matrix cites: Bright Smiles, Bright Futures; Cavity Free Kids; Open Wide; WIC Lesson Plans; and, locally-developed curricula. It lists the targeted and intended audiences, topics addressed, and cost to purchase each curriculum.

The Oral Health Resource Center also lists electronic listservs and newsletters, such as the *Oral Health Alert*, a monthly newsletter highlighting national initiatives, materials, and journal articles. You can keep up-to-date on oral health issues by subscribing to the monthly e-newsletter at OHAAlert@mchoralhealth.org.

The Head Start Resource Center provides a listserv connecting OHI grantees, DHI state team leaders, and Regional oral health consultants. To subscribe, email OralHealth@hsnrc.org.

The [Head Start and Partners Forum on Oral Health](#) bulletin provides insights on the “Causes of Dental Caries and the Role of Good Nutrition,” “Oral Health Assessment and Dental Prevention,” as well as “Tooth Brushing and Head Start: What’s It All About?”

Nutrition



Head Start Program Performance Standard 1304.23

Child Nutrition.

(a) Identification of nutritional needs.

Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:

- (1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a);*
- (2) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities (see 45 CFR 1308.20);*
- (3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and*
- (4) Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.*

(b) Nutritional services.

- (1) Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child's food experience.*
 - (i) All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.*
 - (ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least 1/3 of the child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the length of the program day.*

- (iii) *All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.*
 - (iv) *Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.*
 - (v) *For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.*
 - (vi) *For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.*
 - (vii) *Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed "on demand" to the extent possible or at appropriate intervals.*
- (2) *Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).*
- (3) *Staff must promote effective dental hygiene among children in conjunction with meals.*
- (4) *Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.*
- (c) *Meal service. Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:*
- (1) *A variety of food is served which broadens each child's food experiences;*
 - (2) *Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;*
 - (3) *Sufficient time is allowed for each child to eat;*
 - (4) *All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;*
 - (5) *Infants are held while being fed and are not laid down to sleep with a bottle;*
 - (6) *Medically-based diets or other dietary requirements are accommodated; and*
 - (7) *As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.*

(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.

(e) Food safety and sanitation.

(1) Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal or local laws.



Meeting Nutritional Needs

Proper nutrition promotes healthy physical, cognitive, and behavioral development. Identifying the nutritional needs of children with the assistance of nutrition staff and parents is an important task for health managers. Gathering information such as height, weight, hemoglobin/hematocrit, food allergies and intolerances, special needs, and the feeding schedules for infants and toddlers will determine the menu planning for your program. Considerations should be made to include healthy cultural foods in menu plans.

As required by the HSPPS, Head Start provides up to two-thirds of a child's daily nutritional needs. If a child is identified as underweight, health managers, nutrition staff, and family services staff can work with the primary care provider to identify any health issues. In cases of food insecurity, programs can refer parents to [WIC](#) and [SNAP](#) or a local food program. For children who are overweight, health coordinators, nutrition staff, and family service workers should work with the primary care provider to identify any health issues. Within the program, staff can develop information for the family that emphasizes [making healthier food choices](#). Along with the HSAC, you may decide to develop a series of workshops on menu planning and budgeting that families can use even after the children leave Head Start.

Meal Service and Feeding

In Head Start, children eat their meals family-style. Individual place settings are arranged around the table for children, teachers, and volunteers. The remaining food is placed on the table in serving bowls and passed for additional portions. During meal time it is expected that adults and children discuss the colors, textures, and taste of the food. The children are allowed to eat without the need to quickly finish or the pressure of food being used as a reward or punishment. While young children eat family-style for breakfast and lunch, infants are held by an adult during feeding. Typically infants are fed on demand.

Tooth Brushing

Good oral health practices are important to reinforce after meal times. Teaching staff, volunteers, and children should practice good oral health by brushing their teeth with the children after meal times. The [Program Instruction on Oral Health](#) explains OHS' expectation and regulations regarding tooth brushing. For example, children age two and over should brush once daily, after a meal with assistance from Head Start staff.

Teachers can distribute small "pea-sized" amounts of fluoridated toothpaste for each child and model brushing their teeth horizontally for about two minutes to remove food and plaque. Children should be instructed to spit out the excess toothpaste; however, to avoid rinsing as it may wash away fluoride. The toothbrushes should be rinsed and stored in an upright position to dry. Your program may already have oral health practices that work well.



If not, you can refer to the [tooth brushing protocol for children 3- to 5- years old](#) developed by the University of Iowa. [The Importance of Oral Health Webcast](#) is another resource on circle-style tooth brushing after meals. The Webcast also provides a foundation for health managers and other Head Start staff on oral health.

Your Role as the Health Coordinator

Nutrition services are primarily the responsibility of the nutrition manager. As a health coordinator, you can work in collaboration with the nutrition manager to plan meals through the Child and Adult Care Food Program (CACFP) and SNAP. Working closely with Head Start nutrition services, teaching staff, and program directors you will:

- Collaborate with the local WIC Program

- Assist program directors with the CACFP -- [Infant Meals: Food and Nutrition Service](#)
- Work with the nutrition manager to promote [personal health habits](#) for kitchen staff
- Conduct [nutritional assessments](#)
- Incorporate nutrition and physical activity through promoting [I am Moving, I am Learning \(IMIL\)](#)
- Plan the [ABC's of Successful Menu Planning: Family-Style Meal Service](#)
- Be a resource for family service staff in assisting families with the [10 Steps to Help You Fill Your Grocery Bag Through the Food Stamp Program](#) (As of Oct. 1, 2008, *Supplemental Nutrition Assistance Program* (SNAP) is the new name for the Federal *Food Stamp Program*.)

The Role of the Parents

Parents can help their children to develop healthy bodies and minds by preparing healthy foods at home. Parents can also designate time for physical activity at home and decrease the amount of screen time and sedentary activities for their children. By preparing healthy meals and increasing physical activity, the entire family will benefit from time together and better overall health. Parents should also inform staff of any food allergies and intolerances the program should accommodate.

The Role of the Family Service Workers and other Staff

Head Start staff that work closely with families can inform them of the nutrition services provided at the center. Family service workers and home visitors can also connect families in need of food assistance with applications to the WIC, SNAP and/or local food pantries.

Nutrition staff can work with teaching staff to incorporate activities in the classroom on the importance of eating foods rich in nutrients and vitamins and how the food affects one's body and mind. To reinforce these messages teaching staff may develop parent workshops on cooking healthy within a small budget.

The Role of the Health Services Advisory Committee

The HSAC can support your role in coordinating nutrition services by hiring a registered dietician or nutritionist to oversee the program's nutrition services. HSAC can also help inform you and nutrition staff on current CACFP guidelines.

Additional Online Resources

You may find the following food and nutrition resources helpful in your work.

- [EHS Tip Sheet No. 7: What Are the Differences between a Registered Dietitian \(RD\) and a Nutritionist?](#)
- [Do Programs Need to Provide Formula During Socializations?](#)
- [Four Easy Lessons in Safe Food Handling](#)
- [Measuring Height and Weight Accurately at Home](#)
- [Topical Fluoride Recommendations For High-Risk Children Under Age 6 Years](#)
- [A Healthy Mouth for Your Baby](#) (also available in [Spanish](#))

Health and Safety



Head Start Performance Standard 1304.22

Child Health and Safety.

(a) Health emergency procedures.

Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

- (1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;*
- (2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;*
- (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);*
- (4) Methods of notifying parents in the event of an emergency involving their child; and*
- (5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.*

(b) Conditions of short-term exclusion and admittance.

- (1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.*
- (2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.*
- (3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.*

(c) Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:

- (1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;*
- (2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;*
- (3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;*
- (4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;*
- (5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and*
- (6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.*

(d) Injury prevention. Grantee and delegate agencies must:

- (1) Ensure that staff and volunteers can demonstrate safety practices; and*
- (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.*

(e) Hygiene.

- (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:*
 - (i) After diapering or toilet use;*
 - (ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);*
 - (iii) Whenever hands are contaminated with blood or other bodily fluids; and*
 - (iv) After handling pets or other animals.*
- (2) Staff and volunteers must also wash their hands with soap and running water:*
 - (i) Before and after giving medications;*
 - (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and*
 - (iii) After assisting a child with toilet use.*
- (3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.*
- (4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.*
- (5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conducts these procedures.*
- (6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.*
- (7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.*

(f) First aid kits.

- (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.*
- (2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.*

Importance of the Health and Safety of Children in Head Start

In Head Start, the environment in which a child learns and plays must be healthy and safe. It is the task of the health coordinator to work closely with program staff to ensure the safety of playgrounds and classrooms and to reduce the spread of childhood illness. As some injuries result from children's exploration of their environments, [understanding childhood injuries](#) is an important resource that explains the relationship between childhood injuries and development.

Head Start programs are mandated to establish health and safety policies and procedures for:

- preventing injuries on-site
- notifying parents in case of an emergency
- handling suspected cases of child abuse and neglect
- dealing with communicable diseases
- promoting hygiene
- administering medication

It is essential that Head Start staff and volunteers receive ongoing training on safety policies and procedures to effectively implement day-to-day health and safety practices.

Health Emergencies

All Head Start programs must establish written procedures to respond to routine, urgent, or emergency medical needs. Procedures include rapid response to emergencies, telephone numbers of emergency response teams, evacuation routes, and contact information to notify parents. Head Start programs should institute clear, easy-to-follow procedures and ensure that all staff is up-to-date and trained on effective health and safety practices.

Injury Prevention

Preventing childhood injuries is a common concern for Head Start staff, parents, and the community. Injuries are not always emergencies, but staff and volunteers can ensure that safety practices are maintained. Children learn by exploring the environment, which can expose them to situations where injuries may occur. The playground is one environment where children may hurt themselves. Playground equipment and activities should be developmentally appropriate and offer interactive experiences.

Children can safely explore their environment if programs maintain:

- a safe learning environment by closely supervising young children (teaching, monitoring, and enforcing safe behaviors for children and providing developmentally appropriate experiences and materials);
- a safe indoor environment created by maintaining a physical space that is not cluttered where children and adults can move about the room freely (toys that are developmentally appropriate and non-toxic enhance safety);
- an appropriate outdoor space in accordance with the Head Start Program Performance Standards designed to support the developmental progress of all children and to prevent injuries; and
- an emotionally safe environment by communicating in a respectful manner and using appropriate body language

Child Abuse and Neglect

All Head Start programs have procedures in place to support staff when dealing with suspected or known cases of child abuse and neglect.

Child abuse is considered an emergency, so it is essential to intervene in any suspected case of abuse and neglect, both for the safety of the child and for the wellness of the family. Federal, state, and Tribal laws require educators and caretakers to report all suspected cases of abuse and neglect. Laws about when and to whom to report vary by state, but failure to report abuse is a crime in all states and may lead to legal penalties.

As the health coordinator you should help to formulate and implement local policies for dealing with child abuse and neglect. You can consider the following:

- **Involve the HSAC, the Governing Board, and Policy Council** when developing policies and procedures for reporting suspected cases of child abuse and/or neglect

- **Establish partnerships** with physicians, child psychiatrists, nurses, nurse practitioners, and child protective services who are knowledgeable about child abuse and neglect
- **Understand Federal, state, local and Tribal regulations** for reporting suspected child abuse and/or neglect.
- **Provide staff and volunteer orientation and training** on identifying and reporting child abuse and neglect
- **Regularly orient and train parents** on child abuse and/or neglect policies and procedures

Administering Medication

Managing medication can be complicated. Proper dosage, timing, and careful observation of any effects of the medication are important. There are state regulations and guidelines for child care settings that address safe administration of medications including prescription medicines, as well as medications purchased over-the-counter.

You can work with the HSAC to establish local policies and procedures for administering over-the-counter drugs. The first step in managing medication is to determine who may administer it. The nurse practice acts in each state define who is qualified to administer medications in child care settings and programs must be aware of and adhere to these regulations. You will need to be aware of your state licensing laws, which are often found in your state nurse practice act. The [National Council of State Boards of Nursing](#) provides links to each state.

First Aid Kits

In order to respond to the minor injuries that occur while at Head Start, staff should have access to a first aid kit that can be used when children are on the playground or in the center, going on a field trip, or being transported to and from their home. *Head Start Program Performance Standards* require that inventories must be taken regularly and kits should be replenished frequently. Consider the following suggestions as you prepare first aid kits:

- Be sure that the supplies in the first aid kit are age appropriate
- Be sure that there are enough supplies
- Assign a staff person to check the supplies and re-stock as necessary
- Develop a checklist of inventory
- Monitor expiration dates
- Train staff to use the first aid kits

The American Red Cross has compiled an approved list of supplies to include in a [first aid kit](#). The HSAC also can recommend materials for the kit.

Hand Washing

Proper hygiene helps to prevent communicable diseases and illnesses. HSPPS include guidelines for hand washing, the use of latex gloves, diapering and toileting, sanitation, and the proper placement of cribs and cots. Proper adherence to these guidelines can help keep children, staff, parents, and volunteers healthy.

(Section adapted from Technical Assistance Paper No. 1 [Physically Healthy and Ready to Learn](#))

Your Role as the Health Coordinator

In your role as health coordinator, you are responsible for:

- Establishing and enforcing safety rules
- Training Head Start staff, children, and parents on health and safety procedures
- Ensuring that the Head Start environment—including the classroom, playground, and surrounding areas—is developmentally appropriate and safe
- Developing and enforcing rules related to administering medication
- Developing and enforcing exclusion and admittance of children who have been ill or injured
- Identifying and completing the appropriate reporting, documentation, and paperwork following a child's injury or illness
- [Preparing for and managing emergencies](#)
- Reviewing [blood-borne occupational safety and health standards](#) through the Department of Labor, Occupational Safety and Health Administration

The Role of the Parents

Parents help Head Start programs control the spread of infection by keeping children at home if they are sick or recovering from an illness. Parents can reinforce hand washing, toileting, and good hygiene while children are at home. Parents can also provide staff with a list of medications to be administered while at the center.

The Role of the Family Service Workers and other Staff

All Head Start staff can control the spread of infection through hand washing and staying home when they are sick. In addition, staff can also help with the following tasks:

- Program directors can ensure that programs have first aid kits that are readily available and emergency preparedness plans that are familiar to all staff and well-practiced
- Teaching staff should prepare children in the event of an emergency
- Facilities staff should ensure that learning and play spaces are safe for children.

The Role of the Health Services Advisory Committee

The HSAC can assist you in maintaining a healthy and safe learning environment for Head Start children. With the help of HSAC members you can assist in developing an emergency preparedness plan and a health emergency plan, to develop policies for short-term exclusion and to develop medication administration policies.

Additional Resources



The [IM on the Safety of Children](#) is a helpful reminder for health managers and Head Start staff on the obligations of programs to ensure the health and safety of all children while at the center.

The [Health and Safety Checklist](#) lists safety hazards found in homes and schools.

[Preparing for emergencies in Head Start](#) is a chart that summarizes emergency information for health managers and program directors. The chart includes required policies, procedures, and forms.

[Managing Communicable Diseases: Ten Steps to Consider](#) outlines who a health coordinator should contact if a child gets sick.

Mental Health



Head Start Performance Standard 1304.24

Child Mental Health.

(a) Mental health services.

- (1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by:*
 - (i) Soliciting parental information, observations, and concerns about their child's mental health;*
 - (ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;*
 - (iii) Discussing and identifying with parents appropriate responses to their child's behaviors;*
 - (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;*
 - (v) Helping parents to better understand mental health issues; and*
 - (vi) Supporting parents' participation in any needed mental health interventions.*
- (2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and*
- (3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:*
 - (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;*
 - (ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;*
 - (iii) Assist in providing special help for children with atypical behavior or development; and*
 - (iv) Utilize other community mental health resources, as needed.*